



**Tennessee Department of Agriculture Consumer  
and Industry Services – Attn: Ag Inputs Section**  
Phone # 615-837-5406 Fax # 615-837-5012  
Cissy.Neely@tn.gov  
**Seed Seller License Application**  
**2018 – 2019**

Pursuant to Tenn. Code Ann. §43-10-118, every seed seller whose name appears on the analysis label, bulk container, or shipping invoice for sale of seed to a non-labeler must obtain a seed seller license from the Department of Agriculture and must file with the Department an annual statement indicating the number of seed units sold in the state during the previous calendar year. Fees for the license are determined according to this self-reported data.

**All current Tennessee Seed Seller Licenses expire July 1, 2018.**

**License fee deadline:** July 1, 2018  
**Late charge:** \$50 (if renewal submitted after July 16, 2018)  
**Renewal valid until:** July 1, 2019  
**Make checks payable to:** Tennessee Department of Agriculture

**Complete and mail this form with payment to:**  
Tennessee Department of Agriculture  
Attn: Agricultural Inputs  
Post Office Box 111359  
Nashville, Tennessee 37222-1359

**Seed Seller License Annual Statement**  
**(to be completed by applicant)**

Number of seed containers weighing 6 – 100 lbs. sold in Tennessee (Jan 1 – Dec 31, 2017):		_____
Number of hundredweight of seed sold in bulk in Tennessee (Jan 1 – Dec 31, 2017)	+	_____
Number of tobacco seed packages weighing 2 oz. or less sold in Tennessee (Jan 1 – Dec 31, 2017)	+	_____
Number of cases of seed packages weighing less than 5 lbs. sold in Tennessee (Jan 1 – Dec 31, 2017)	+	_____
	Total number seed units	= _____
	Minus 3,000 seed units	= _____
	Divided by 600 seed units	= _____
	Multiplied by \$25	= _____
		<b>Total License Fee</b> <b>(\$100 minimum)</b>

*\*Seed units previously reported in the annual fee of another licensee are exempt from further reporting requirements.*

<b>Applicant/Company</b> _____	<b>Owner/Manager</b> _____
<b>Facility Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Mailing Address</b> _____	<b>City</b> _____ <b>State</b> _____ <b>Zip</b> _____
<b>Phone Number</b> _____	<b>Email Address</b> _____

*Information reported in this application is correct and complete to the best of my information and belief. I am authorized to report this information and to seek regulatory licenses on behalf of Applicant.*

<b>Name (print)</b> _____	<b>License No. (if applicant is seeking renewal)</b> _____
<b>Signed</b> _____	<b>Date</b> _____ <b>Amount Enclosed \$</b> _____

*Pre-printed portions of this form represent information on file with the Department. Please strike and correct as appropriate.*